

QUARTERLY STATEMENT

AS OF June 30, 2009

OF THE CONDITION AND AFFAIRS OF THE

Care Improvement Plus South Central Insurance Company

NAIC Group Code	4443 ,	4443	N	AIC Company Code	12567	Employer's ID Number	20-3888112
	(Current Period)	(Prior Period)					
Organized under the Laws of	f	Arkansas	,	State of Domi	cile or Port of Entry	Ark	kansas
Country of Domicile	Uı	nited States of America					
Licensed as business type:	Life, Accident & He Dental Service Corp Other[]	ooration[] Vis		Ity[] Corporation[] Ily Qualified? Yes[] N	Health M	, Medical & Dental Service or Inc faintenance Organization[]	lemnity[]
Incorporated/Organized		01/13/2006		Comme	enced Business	01/01/200	7
Statutory Home Office		400 West Capitol, Suite 2	2000	<u>,</u>		Little Rock, AR 72201	
Main Administrative Office		(Street and Number)		351 W. Camden	Street, Suite 100	(City, or Town, State and Zip Cod	e)
	Dell	MD 04004			nd Number)	(440)005 0000	
		timore, MD 21201 n, State and Zip Code)				(410)625-2200 (Area Code) (Telephone Num	nber)
Mail Address		351 W. Camden Street, Su		,		Baltimore, MD 21201	·
Primary Location of Books a	nd Records	(Street and Number or P.O.	Box)	351 W. Ca	amden Street, Suite	(City, or Town, State and Zip Cod	e)
,	_				treet and Number)		
		ore, MD 21201 n, State and Zip Code)				(410)625-2200 (Area Code) (Telephone Num	nher)
Internet Web Site Address	(Oity, or Yow	www.xlhealth.co	m			(Alea Gode) (Telephone Num	ibei)
Statutory Statement Contact		Justin M. Jarkow	ski			(443)524-8929	
		(Name)		_		(Area Code)(Telephone Number)(E	Extension)
		ki@xlhealth.com Mail Address)				(410)244-8347 (Fax Number)	
	,	,	OF	FICERS		,	
		Name		Title			
		Frederick Clark Dunla Paul Anthony Serini Mete Sahin Robb Andrew Cohen Daniel Jay Friedman Suresh Ramakrishna Laura June Ciavola	Secre Treas CGAC Assisi n CIO	man, CEO & President tary & EVP urer & CFO) ant Secretary & CLO r VP of Claims & Syste			
			0	THERS			
		DIR	ECTOR	S OR TRUSTI	EES		
		ederick Clark Dunlap ete Sahin #			Paul Antho	ny Serini	
State of	 SS						
	33						
he herein described assets w with related exhibits, schedule aid reporting entity as of the Statement Instructions and A eporting not related to accou	vere the absolute propes and explanations the reporting period states counting Practices and propers the related corresponsitions.	erty of the said reporting er erein contained, annexed of d above, and of its income id Procedures manual exception ocedures, according to the conding electronic filing with	ntity, free and or referred to and deduction opt to the ext best of their the NAIC, w	I clear from any liens o , is a full and true state ns therefrom for the pe ent that: (1) state law n information, knowledge hen required, that is an	r claims thereon, ex ment of all the asse priod ended, and han nay differ; or, (2) that and belief, respect to exact copy (except	ntity, and that on the reporting procept as herein stated, and that it to and liabilities and of the condifue been completed in accordance at state rules or regulations requirively. Furthermore, the scope of the for formatting differences due to	this statement, together tion and affairs of the with the NAIC Annual re differences in f this attestation by the
	(Signature)			(Signature)		(Signature)	
	ick Clark Dunlap rinted Name)			Anthony Serini Printed Name)		Mete Sahin (Printed Name)	
	1. , CEO & President		,	2. cretary & EVP		3. Treasurer & CF0	n
Gnaiiman	(Title)		380	(Title)		(Title)	<u>-</u>
Subscribed and sworn day of			2.	inal filing? State the amendment r Date filed Number of pages attac		Yes[X] No[] 	_ _ _

(Notary Public Signature)

ASSETS

Court Sterent Date		700				
Source Name						4
Assets			1	2		
1. Bonds			Assats		Assets	Prior Year Net
2 Slocks:	1	Pondo			· · · · · · · · · · · · · · · · · · ·	
2.1 Preferred access 2.2 Common access 2.3 Mortgage loans on road estate: 3.1 First liers 3.2 Other hard first liers 3.4 Real estate: 4.1 Proposities occupied by the company (less \$			357,074		937,074	900,002
2	Z.					
Mortgage loans on real estation: 3.1 First lens						
3.1 First larns 3.2 Other than first liers 4.1 Properties occupied by the company (less S						
3.2 Other than first liens 4.1 Properties occupied by the company (less S	3.	Mortgage loans on real estate:				
Real estate: 4.1 Properties occupied by the company (less \$		3.1 First liens				
4.1 Properties occupied by the company (less \$		3.2 Other than first liens				
anountbrances 4.2 Properties held for the production of income (less \$	4.	Real estate:				
encumbrances						
4.3 Properties held for sale (less \$						
5. Cash (S(887,816)), cash equivalents (S		•				
investments (\$	5	·				
6. Contract loans (including \$	0.		77 048 752		77 048 752	1/1 173 210
7. Other invested assets 8. Rocivables for securities 9. Aggragate wither for invested assets 10. Subtotals, cash and invested assets to 9) 17. Title plants less S	6					
Receivables for securities		,				
9. Aggregate write-ins for invested assets (Lines 1 to 9)						
10. Subtotals, cash and invested assets (Lines 1 to 9) 77,986,426 77,986,426 142,126,251 11. Title plants less \$						
11. Title plants less \$	9.					
12. Investment income due and accrued 27,262 27,262 21,105	10.	·				
13.1	11.	Title plants less \$0 charged off (for Title insurers only)				
13.1 Uncollected premiums and agents' balances in the course of collection	12.	Investment income due and accrued	27,262		27,262	21,105
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums) 13.3 Accrued retrospective premiums 33,369,942 33,369,942 30,727,285 33,369,942 30,727,285 33,369,942 30,727,285 34.2 Funds held by or deposited with reinsured companies 14.1 Amounts recoverable from reinsurers 491,630 491,630 491,630 632,155 14.2 Funds held by or deposited with reinsured companies 14.3 Other amounts receivable under reinsurance contracts 16.1 Current federal and foreign income tax recoverable and interest thereon 12,378,973 12,378,973 10,471,000 16.2 Net deferred tax asset 18,593,295 18,	13.	Premiums and considerations:				
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$		·	48.414.446		48.414.446	8.287.489
but deferred and not yet due (including \$, ,	, ,
13.3 Accrued retrospective premiums 33,369,942 33,369,942 30,727,285 14. Reinsurance: 14.1 Amounts recoverable from reinsurers 491,630 491,630 632,155 14.2 Funds held by or deposited with reinsured companies 14.3 Other amounts receivable under reinsurance contracts 2,466,092 2,466,092 454,151 15. Amounts receivable relating to uninsured plans 2,466,092 2,466,092 454,151 16.1 Current federal and foreign income tax recoverable and interest thereon 12,378,973 12,378,973 10,471,000 16.2 Net deferred tax asset 18,593,295 18,593,295 18,593,295 17. Guaranty funds receivable or on deposit 18. Electronic data processing equipment and software 19. Furniture and equipment, including health care delivery assets (\$\script{s}\$		but deferred and not yet due (including \$0 earned but				
14.1 Amounts recoverable from reinsurers 491,630 491,630 632,155 14.2 Funds held by or deposited with reinsured companies		· · · · · · · · · · · · · · · · · · ·				
14.1 Amounts recoverable from reinsurers	14		00,000,012		00,000,012	00,727,200
14.2 Funds held by or deposited with reinsured companies 14.3 Other amounts receivable under reinsurance contracts 14.3 Other amounts receivable under reinsurance contracts 15. Amounts receivable relating to uninsured plans 2,466,092 2,466,092 454,151 16.1 Current federal and foreign income tax recoverable and interest thereon 12,378,973 12,378,973 10,471,000 16.2 Net deferred tax asset 18,593,295 18	17.		401 620		404 620	622.155
14.3 Other amounts receivable under reinsurance contracts					1	
15. Amounts receivable relating to uninsured plans 2,466,092 2,466,092 454,151 16.1 Current federal and foreign income tax recoverable and interest thereon 12,378,973 12,378,973 10,471,000 16.2 Net deferred tax asset 18,593,295 18,593,295 18,593,295 18,593,295 18,593,295 10,471,000 17. Guaranty funds receivable or on deposit						
16.1 Current federal and foreign income tax recoverable and interest thereon 12,378,973 12,378,973 10,471,000 16.2 Net deferred tax asset 18,593,295 2,593,607 2,593,935 6,519,970 2,099,912 18,593,295 2,593,938 2,109,938 2,109,938	4-					
16.2 Net deferred tax asset 18,593,295 18,593,295		-				
17. Guaranty funds receivable or on deposit	1	-				
18. Electronic data processing equipment and software	16.2					
19. Furniture and equipment, including health care delivery assets (\$						
(\$0) (\$0) 20. Net adjustments in assets and liabilities due to foreign exchange rates	18.	Electronic data processing equipment and software				
21. Receivables from parent, subsidiaries and affiliates 6,213,607 22. Health care (\$6,519,970) and other amounts receivable 8,629,908 2,109,938 6,519,970 2,099,912 23. Aggregate write-ins for other than invested assets 153,721 153,721 188,883 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) 202,511,695 20,703,233 181,808,462 201,221,838 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 202,511,695 20,703,233 181,808,462 201,221,838 DETAILS OF WRITE-INS 0901. 2002.	19.					
21. Receivables from parent, subsidiaries and affiliates 6,213,607 22. Health care (\$6,519,970) and other amounts receivable 8,629,908 2,109,938 6,519,970 2,099,912 23. Aggregate write-ins for other than invested assets 153,721 153,721 188,883 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) 202,511,695 20,703,233 181,808,462 201,221,838 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 202,511,695 20,703,233 181,808,462 201,221,838 DETAILS OF WRITE-INS 0901. 2002.	20.	Net adjustments in assets and liabilities due to foreign exchange rates				
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25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 26. Total (Lines 24 and 25) 202,511,695 20,703,233 181,808,462 201,221,838 DETAILS OF WRITE-INS 0901 0902 0903 0909 <t< td=""><td> -"</td><td></td><td>202 511 605</td><td>20 <u>7</u>03 233</td><td>181 808 462</td><td>201 221 828</td></t<>	-"		202 511 605	20 <u>7</u> 03 233	181 808 462	201 221 828
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0902. 0903. 0998. Summary of remaining write-ins for Line 9 from overflow page			202,511,695	20,703,233	181,808,462	201,221,838
0903. 0998. Summary of remaining write-ins for Line 9 from overflow page 0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) 2301. Premium Tax Receivable 153,721 153,721 188,883 2302. 2303. 2303. 2303. 2304. 2305. 2306. 23	1					
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2301. Premium Tax Receivable 153,721 153,721 188,883 2302. 2303. 2398. Summary of remaining write-ins for Line 23 from overflow page 153,721 153,721 188,883	1					
2302. 2303. 2398. Summary of remaining write-ins for Line 23 from overflow page		· · · · · · · · · · · · · · · · · · ·				
2303. 2398. Summary of remaining write-ins for Line 23 from overflow page	1		· '		1	· ·
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1					
	2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	153,721		153,721	188,883

LIABILITIES, CAPITAL AND SURPLUS

	,		Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$1,803,356 reinsurance ceded)				106,091,118
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	741,579		741,579	1,466,340
4.	Aggregate health policy reserves	30,776		30,776	947,144
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				108,348
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	282,593		282,593	503,305
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	2,126,439		2,126,439	
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and				
	\$0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans	20,708,783		20,708,783	20,110,540
21.	Aggregate write-ins for other liabilities (including \$0 current)				
22.	Total liabilities (Lines 1 to 21)	110,189,117		110,189,117	129,226,795
23.	Aggregate write-ins for special surplus funds	X X X	X X X		
24.	Common capital stock	X X X	X X X	750,000	100,000
25.	Preferred capital stock	X X X	X X X		
26.	Gross paid in and contributed surplus	X X X	X X X	163,112,960	157,312,960
27.	Surplus notes	X X X	X X X		
28.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
29.	Unassigned funds (surplus)	X X X	X X X	(92,243,614)	(85,417,916)
30.	Less treasury stock, at cost:				
	30.10 shares common (value included in Line 24 \$	X X X	X X X		
	30.20 shares preferred (value included in Line 25 \$	X X X	X X X		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	71,619,346	71,995,044
	Total Liabilities, capital and surplus (Lines 22 and 31)				
2101. 2102.					
2103.					
2198. 2199.	Summary of remaining write-ins for Line 21 from overflow page TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2301.		X X X	X X X		
2302. 2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399. 2801.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2802.					
2803. 2898.	Summary of remaining write-ins for Line 28 from overflow page				
2898. 2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)				

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF INLINE	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
	al and Medical:				
9.	Hospital/medical benefits		271 020 524	264 708 408	567 353 086
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
	Subidial (Lines 9 to 13)		302,074,090	300,497,434	043,293,330
Less:	Not when you are safe.		4 405 500	405.004	0.404.000
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$13,026,775 cost containment expenses				
21.	General administrative expenses		38,754,446	22,538,583	58,583,372
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of \$0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		92,858	2,523,687	3,669,230
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$1,645,611)]		1 '1		
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)				
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)	X X X	(5,181,929)	(22,312,957)	(47,534,970)
0601.	LS OF WRITE-INS	X X X			
0602.		X X X			
0603. 0698.	Summary of remaining write-ins for Line 6 from overflow page				
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701. 0702.	Misc Revenue				
0702.		X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page				
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) Transportation Costs				
1402.					
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		395,448	701,372	1,129,711
2901. 2902.					
2902. 2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	71,995,043	36,324,677	36,324,678
34.	Net income or (loss) from Line 32	(5,181,929)	(22,312,957)	(47,534,970)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax		(4,205,984)	1,656,753
39.	Change in nonadmitted assets	(1,643,769)	(520,948)	(775,218)
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)	650,000		
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	6,450,000	37,500,000	70,700,000
	45.2 Transferred to capital (Stock Dividend)	(650,000)		
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus		11,623,800	11,623,800
48.	Net change in capital and surplus (Lines 34 to 47)	(375,698)	22,083,911	35,670,365
49.	Capital and surplus end of reporting period (Line 33 plus 48)	71,619,345	58,408,588	71,995,043
4701.	LS OF WRITE-INS Correction of an Error - 2007 Audit Adjustments			
4702. 4703.				
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page			11,623,800

	CASITIEOV		
		1 Current Year To Date	2 Prior Year Ended December 31
	Cash from Operations		
1.	Premiums collected net of reinsurance	318,225,790	662,546,335
2.	Net investment income	102,059	3,935,361
3.	Miscellaneous income		
4.	Total (Lines 1 to 3)	318,327,849	666,481,696
5.	Benefit and loss related payments	327,275,511	680,808,791
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	70,023,015	95,653,460
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		C
10.	Total (Lines 5 through 9)	397,298,526	776,462,251
11.	Net cash from operations (Line 4 minus Line 10)	(78,970,677)	(109,980,555)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		11,530,992
	12.2 Stocks		103,490,911
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		971
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		115,022,874
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		5,280,195
	13.2 Stocks		51,508,372
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		(
	13.7 Total investments acquired (Lines 13.1 to 13.6)		56,788,567
4.	Net increase (or decrease) in contract loans and premium notes		
5.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)		58,234,307
	Cash from Financing and Miscellaneous Sources		
6.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock	6,450,000	67,500,000
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	8,396,210	20,772,680
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	14,846,210	88,272,680
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(64,124,467)	36,526,432
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	141,173,219	104,646,787
	19.2 End of period (Line 18 plus Line 19.1)		141,173,219
	Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions	: Amount	Amount
	Description	Amount 1	Amount 2

Q	6
_	_

20.0001

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	امطانينطييما	Crown	Medicare	Vision Only	Dental	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	iviedicare	iviedicaid	Otner
Total	Members at end of:										
1.	Prior Year	45,386							45,386		
2.	First Quarter								38,517		
3.	Second Quarter								39,209		
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	232,856							232,856		
Total	Member Ambulatory Encounters for Period:										
7.	Physician	2,979,395							2,979,395		
8.	Non-Physician	1,209,041							1,209,041		
9.	Total	4,188,436							4,188,436		
10.	Hospital Patient Days Incurred	469,598							469,598		
11.	Number of Inpatient Admissions	60,038							60,038		
12.	Health Premiums Written (a)	363,912,031							363,912,031		
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	363,912,031							363,912,031		
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	327,533,618							327,533,618		
18.	Amount Incurred for Provision of Health Care										
	Services	302,674,090							302,674,090		

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....363,912,031.

STATEMENT AS OF June 30, 2009 OF THE Care Improvement Plus South Central Insurance Company CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims								
1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total		
0199999 Individually Listed Claims Unpaid								
0299999 Aggregate Accounts Not Individually Listed - Uncovered								
0399999 Aggregate Accounts Not Individually Listed - Covered	3,822,199	265,393	5,185	1,187	2,025	4,095,989		
0499999 Subtotals	3,822,199	265,393	5,185	1,187	2,025	4,095,989		
0599999 Unreported claims and other claim reserves						84,006,314		
0699999 Total Amounts Withheld								
0799999 Total Claims Unpaid						88,102,303		
0899999 Accrued Medical Incentive Pool And Bonus Amounts								

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

			ON AID-I NON ILA			5	6
				Liab	oility		
		Cla	ims	End of			
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)		8,587,231				2,501,919
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals	97,827,624	221,001,182	4,104,733	82,194,214	101,932,357	103,589,198

⁽a) Excludes \$...... loans or advances to providers not yet expensed.

1. Summary of Significant Accounting Policies

a. Accounting Practices

The accompanying financial statements of Care Improvement Plus South Central Insurance Company (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Arkansas Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Arkansas.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Arkansas is shown below:

		<u>2009</u>	<u>2008</u>
(1)	Net Income Arkansas state basis	(5,181,929)	(47,534,969)
(2)	State Prescribed Practices (Income):		
(3)	State Permitted Practices (Income):		
(4)	Net Income, NAIC SAP	(5,181,929)	(47,534,969)
(5)	Statutory Surplus Arkansas basis	71,619,346	71,995,044
(6)	State Prescribed Practices (Surplus):		
(7)	State Permitted Practices (Surplus):		
(8)	Statutory Surplus, NAIC SAP	71,619,346	71,995,044

b. Use of Estimates in the Preparation of the Financial Statements.

No Material Change

c. Accounting Policy

No Material Change

2. Accounting Changes and Corrections of Errors

No Material Change

3. Business Combinations and Goodwill

No Material Change

4. Discontinued Operations

No Material Change

5. Investments

No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

7. Investment Income

No Material Change

8. Derivative Instruments

No Material Change

9. Income Taxes

No Material Change

10. Information Concerning Parent, Subsidiaries and Affiliates

XLHealth Corporation contributed \$4,650,000 and 1,800,000 into the Company on January 27, 2009 and January 28, 2009, respectively, to assure the Company had sufficient capital and surplus to meet the state regulatory requirements.

The Company sold pharmacy rebate receivable in the amount of \$2,758,632 in December 2008 to XL Health Corporation. XL Health Corporation settled the receivable on January 6, 2009. No gain or loss was recorded on the sale.

The Company has an income tax receivable in the amount of \$12,378,973 from XLHealth at June 30, 2009 in accordance with the Tax Sharing Agreement.

11. Debt

No Material Change

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.

No Material Change

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The Company amended its articles of incorporation to increase the par value of common stock issued from \$1.00 to \$7.50. Thus, the Company transferred \$650,000 of contributed surplus into common stock on page 3.

14. Contingencies

No Material Change

15. Leases

No Material Change

16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.

No Material Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.

- a. Transfers of Receivables reported as Sales No Material Change
- b. Transfer and Servicing of Financial Assets No Material Change
- c. Wash Sales None

18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans.

No Material Change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

No Material Change

20. Other Items

No Material Change

21. Events Subsequent

No Material Change

22. Reinsurance

No Material Change

23. Retrospectively Rated Contracts and Contracts Subject to Redetermination

No Material Change

24. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2008 were \$107,557,458. As of June 30, 2009, \$99,293,964 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$4,104,733 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicare line of business. Therefore, there has been a \$4,158,761 favorable prior-year development since December 31, 2008 to June 30, 2009. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

25. Intercompany Pooling Arrangements

No Material Change

26. Structured Settlements

No Material Change

27. Health Care Receivables

a. Pharmaceutical Rebate Receivables

	Estimated Pharmacy Rebates as Reported	Pharmacy Rebates as Billed or Confirmed	Rebates received within 90 days	Rebates Received within 91 to 180 days	Rebates Received more than 180 days
06/30/2009	6,519,970	-	-	-	-
3/31/2009	4,576,377	3,252,816	-	-	-
12/31/2008	2,099,913	2,518,472	-	939,436	-
9/30/2008	5,834,784	5,105,000	-	-	-
6/30/2008	1,662,850	3,235,000	676,176	-	-
3/31/2008	3,915,782	3,255,000	772,565	1,174,737	105,647
12/31/2007	2,147,000	-	747,188	1,403,269	312,595
9/30/2007	2,001,000	-	666,762	743,796	219,210
6/30/2007	387,000	-	205,513	318,098	133,090
3/31/2007	-	-	83,787	108,757	14,376

b. Risk Sharing Receivables - No Material Change

28. Participating Policies

No Material Change

29. Premium Deficiency Reserves

As of June 30, 2009, the Company had no liabilities related to premium deficiency reserves.

30. Anticipated Salvage and Subrogation

No Material Change

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

		uired by the Model Act? port been filed with the don	niciliary state?					Y	Yes[X] No[] es[X] No[] N/A[]
r	eporting entity?	been made during the year	of this statement in the cha	rter, by-laws, ar	icles of incorpora	ation, or deed of	settlement of the)	Yes[X] No[]
	f yes, date of ch Have there been	ange: any substantial changes in	the organizational chart sin	ce the prior quar	ter end?				06/09/2009 Yes[] No[X]
I	f yes, complete	the Schedule Y - Part 1 - or g entity been a party to a me	ganizational chart.			ment?			Yes[] No[X]
4.2 I	f yes, provide th	e name of entity, NAIC Con as a result of the merger or o	npany Code, and state of do	omicile (use two	letter state abbre	eviation) for any	entity that has		res[] No[A]
			1		2		3		
		N	ame of Entity		NAIC Company	Code	State of Domi	cile	
á		ntity is subject to a manage or similar agreement, have t explanation.						d? Y	es[X] No[] N/A[]
6.1 8	State as of what	date the latest financial exa ate that the latest financial e	mination of the reporting er	itity was made o	r is being made.	domicile or the r	enorting entity. T	 This	12/31/2008
6.3	date should be the State as of what	ne date of the examined bal date the latest financial exa	ance sheet and not the date mination report became ava	the report was allable to other s	completed or reletates or the publ	eased. ic from either the	state of domicile	e or	12/31/2007
C	date).	ity. This is the release date nent or departments?	or completion date of the ex	camination repor	and not the dat	e of the examina	ition (balance she	∍et 	03/05/2009
6.5 H	Arkansas Depar	tment of Insurance statement adjustments with	in the latest financial exam	ination report be	en accounted for	in a subsequen	t financial statem		es[X] No[] N/A[]
6.6 H	lave all of the re	commendations within the la						Y	es[X] No[] N/A[]
(Has this reportin or revoked by an f yes, give full ir	g entity had any Certificates by governmental entity during formation	of Authority, licenses or reg g the reporting period?	gistrations (inclu	ding corporate re	gistration, if app	licable) suspende	əd	Yes[] No[X]
8.1 I 8.2 I	s the company a	a subsidiary of a bank holdir 1 is yes, please identify the	ng company regulated by the	e Federal Reser	ve Board?				Yes[] No[X]
8.3 I 8.4 I f	s the company a f response to 8. ederal regulator Thrift Supervisio	affiliated with one or more b 3 is yes, please provide beld y services agency [i.e. the F n (OTS), the Federal Depos nary federal regulator.	anks, thrifts or securities firm ow the names and location rederal Reserve Board (FRI	ms? (city and state of 3), the Office of t	he Comptroller of	f the Currency (OCC), the Office	of y	Yes[] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	
				. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X	<u>q</u>
\$	similar functions (a) Honest and relationship (b) Full, fair, ac (c) Compliance (d) The prompt	fficers (principal executive o) of the reporting entity subject ethical conduct, including the s; curate, timely and understal with applicable governmen internal reporting of violatio ity for adherence to the cod	ect to a code of ethics, which ne ethical handling of actual andable disclosure in the per tal laws, rules and regulation as to an appropriate person	h includes the for or apparent cor iodic reports req ns;	Ilowing standard flicts of interest buired to be filed but	s? between personal by the reporting of	al and profession	-	Yes[X] No[]
9.11 9.2	If the response Has the code o	to 9.1 is No, please explain f ethics for senior managers to 9.2 is Yes, provide inform	: been amended?	at(c)					Yes[] No[X]
9.3	Have any provi	sions of the code of ethics to 9.3 is Yes, provide the na	peen waived for any of the s	specified officers	?				Yes[] No[X]
10.1 10.2	Does the report	ting entity report any amoun any amounts receivable fror	ts due from parent, subsidian parent included in the Pa	FINANCIA aries or affiliates ge 2 amount:		s statement?		\$	Yes[] No[X]
	- '		·	-					
	for use by anot	e stocks, bonds, or other as: her person? (Exclude secur and complete information re	sets of the reporting entity lotties under securities lending	INVESTME paned, placed ur g agreements.)		ement, or otherw	ise made availab	le	Yes[] No[X]
12.	Amount of real	estate and mortgages held	in other invested assets in S	Schedule BA:					(
13.	Amount of real	estate and mortgages held	in short-term investments:					\$	(

Yes[] No[X]

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent. Subsidiaries and Affiliates		
	(Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26		
20	above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
Goldman Sachs	Philadelphia, PA

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

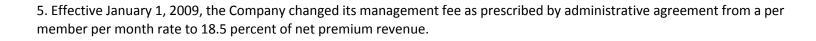
2	3
Name(s)	Address
	2 Name(s)

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

17.2 If no, list exceptions:

General Interrogatories Part 1 Attachments



SCHÉDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

onowing An New Reinsurance Treaties - Outrent Teat to Date									
1	2	3	4	5	6	7			
NAIC	Federal				Type of	Is Insurer			
Company	ID	Effective			Reinsurance	Authorized?			
Code	Number	Date	Name of Reinsurer	Location	Ceded	(Yes or No)			
Accident and Health - Non-affi	liates								
21970	23-1502700	01/01/2009	ONEBEACON INS CO	Minnetonka, MN	SSL/A/I	Yes[X] No[]			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	Direct Business Only									
		1	2	3	4	5	ness Only 6	7	8	9
		'	2	3	4	Federal	Life and Annuity	'	0	9
			Accident and			Employees Health	Premiums	Property/	Total	
		Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)			TILLE XVIII	TILLE XIX	1 Terrilariis	·····	1 Territuriis	2 11110ugii 7	Contracts
2.	Alaska (AK)	1								
3.	Arizona (AZ)									
4.	Arkansas (AR)								52,272,460	
5.	California (CA)									
6.	Colorado (CO)									
7.	Connecticut (CT)									
8.	Delaware (DE)									
9.	District of Columbia (DC)									
10.	Florida (FL)									
11.	Georgia (GA)								132,553,669	
12.	Hawaii (HI)									
13.	Idaho (ID)	l N								
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)									
29.	Nevada (NV)									
30.	New Hampshire (NH)									
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)									
37.	Oklahoma (OK)	1								
38.	Oregon (OR)									
39. 40.	Rhode Island (RI)									
41.	South Carolina (SC)								. 155,233,240	
42.	South Dakota (SD)	1	l						. 133,233,240	
43.	Tennessee (TN)									
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)									
47.	Virginia (VA)									
48.	Washington (WA)						1			
49.	West Virginia (WV)									
50.	Wisconsin (WI)									
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)									
59.	Subtotal	X X X .		363,912,030					. 363,912,030	
60.	Reporting entity contributions for									
	Employee Benefit Plans									
61.	Total (Direct Business)	(a) 2		. 363,912,030					. 363,912,030	
	LS OF WRITE-INS									
5801.		1								
5802.		X X X .								
5803.		X X X .								
5898.	Summary of remaining write-ins for									
	Line 58 from overflow page	X X X .								
5899.	TOTALS (Lines 5801 through 5803									
	plus 5898) (Line 58 above)	X X X .								

STATEMENT AS OF June 30, 2009 OF THE Care Improvement Plus South Central Insurance Company SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Bar Codes:

Medicare Part D Coverage Supplement

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF June 30, 2009 OF THE Care Improvement Plus South Central Insurance Company SCHEDULE A - VERIFICATION Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying varieties.		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying v		
7.	Deduct current year's other than temporary impairment recligranged.		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.			
9.	Total foreign exchange change in book value/recorded inve		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5		
	+ 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.			
10.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
	Description	Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
l	2.1 Actual cost at time of acquisition		
i	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct amounts received on disposals NORE		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Deduct amortization of premium and depreciation Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	953,032	59,154,847
2.	Cost of bonds and stocks acquired		56,788,566
3.	Accrual of discount		37,774
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		863
6.	Deduct consideration for bonds and stocks disposed of		115,021,903
7.	Deduct amortization of premium	15,358	7,116
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	937,675	953,032
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	937,675	953,032

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

Burning the C	arrent Quart	ci ioi ali bo	ilas alla i ic	iciica otook	by Ruthing C	1455		
	1	2	3	4	5	6	7	8
	Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
Class 1 (a)	107,732,471	736,767	29,483,527	(11,469)	107,732,471	78,974,242		158,412,123
Class 2 (a)								
Class 3 (a)								
Class 4 (a)								
Class 5 (a)								
Class 6 (a)								
						78,974,242		158,412,123
RRED STOCK								
Class 1								
Class 2								
Class 3								
Class 4								
Class 5								
Class 6								
Total Preferred Stock								
Total Bonds & Preferred Stock	107,732,471	736,767	29,483,527	(11,469)	107,732,471	78,974,242		158,412,123
	Class 1 (a) Class 2 (a) Class 3 (a) Class 4 (a) Class 5 (a) Class 6 (a) Total Bonds RRED STOCK Class 1 Class 2 Class 3 Class 3 Class 4 Class 5 Class 5 Class 5 Class 6 Total Preferred Stock	1 Book/Adjusted Carrying Value Beginning of Current Quarter	1 2 Book/Adjusted Carrying Value Beginning of Current Quarter Quarter	1 2 3 Book/Adjusted Carrying Value Beginning of Current Quarter Quar	1 2 3 4 Book/Adjusted Carrying Value Beginning of Current Quarter Qu	1 2 3 4 5 Book/Adjusted Carrying Value Beginning of Current Quarter Quar	Carrying Value Beginning of Current Quarter Current Quarter	1 2 3 4 5 Book/Adjusted Carrying Value Beginning of Current Quarter Quar

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....78,036,568; NAIC 2 \$......0; NAIC 3 \$......0; NAIC 4 \$..........0; NAIC 5 \$...........0;

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

	• • • • • • • • • • • • • • • • • • • •	***************************************			
	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	78,036,568	X X X	78,040,304	146,293	7,727

SCHEDULE DA - Verification

Short-Term Investments

	0		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	157,459,091	65,863,736
2.	Cost of short-term investments acquired	736,767	244,303,941
3.	Accrual of discount		59,219
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		971
6.	Deduct consideration received on disposals	80,155,553	152,746,705
7.	Deduct amortization of premium	3,737	22,070
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	78,036,568	157,459,091
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	78,036,568	157,459,091

STATEMENT AS OF June	30, 2009 OF THE Care Improvement Plus South Central Insurance Company
SI04	Schedule DB Part F Section 1NONE
SI05	Schedule DB Part F Section 2NONE

SCHEDULE E - Verification

(Cash Equivalents)

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	42,162,139
2.	Cost of cash equivalents acquired		12,289,498,010
3.	Accrual of discount		2,145
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		12,331,662,294
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	0	0
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	0	0

E01	Schedule A Part 2NONE
E01	Schedule A Part 3NONE
E02	Schedule B Part 2NONE
E02	Schedule B Part 3NONE
E03	Schedule BA Part 2 NONE
E03	Schedule BA Part 3 NONE
E04	Schedule D Part 3NONE
E05	Schedule D Part 4NONE
E06	Schedule DB Part A Section 1
E06	Schedule DB Part B Section 1 NONE
E07	Schedule DB Part C Section 1 NONE
E07	Schedule DB Part D Section 1 NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5		nce at End of E		9
						ing Current Qua	rter	
			Amount	Amount of	6	7	8	
			of Interest	Interest				
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
PNC Bank - Medical Expenses Baltimore MD					(2,886,075)	(3,639,379)	(3,402,632)	
PNC Bank - Medical Expenses Baltimore MD					(11,209,925)	. (12,840,438)	. (11,550,571)	XXX
PNC Bank - Investment Account Baltimore MD					E 447.000	4 400 220	2 204 205	VVV
PNC Bank - Investment					5,447,903	4,422,339	3,391,325	
Account Baltimore MD					14,732,808	15,016,735	10,574,062	XXX
0199998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (See Instructions) - open depositories	XXX	X X X						XXX
0199999 Totals - Open Depositories	XXX	X X X			6,084,771	2,959,257	(987,816)	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (See Instructions) - suspended								
depositories	XXX	X X X						XXX
0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit	XXX	X X X			6,084,771	2,959,257	(987,816)	XXX
0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X				XXX
0599999 Total Cash	XXX	X X X			6,084,771	2,959,257	(987,816)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter									
1	2	3	4	5	6	7	8		
						Amount of			
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received		
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year		
		N (O N E						
8699999 Total - Cash Equivalents									



MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance For the Quarter Ended June 30, 2009

NAIC Group Code: 4443 NAIC Company Code: 12567

		Individual	Individual Coverage		Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected		X X X		X X X	
2.	Earned Premiums		X X X		X X X	X X X
3.	Claims Paid		X X X		X X X	
4.	Claims Incurred		X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims					
	Paid Net of Reimbursements Applied (a)	X X X		X X X		
6.	Aggregate Policy Reserves - change		X X X		X X X	X X X
7.	Expenses Paid					
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss		X X X		X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X	

⁽a) Uninsured Receivable/Payable with CMS at End of Quarter: \$......0 due from CMS or \$............0 due to CMS

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11

Accounting Practices and Policies; Q5; Q10, Note 1

Admitted Assets; Q2

Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05

Bonuses; Q3; Q4; Q8; Q9 Borrowed Funds; Q3; Q6

Business Combinations and Goodwill; Q10, Note 3

Capital Gains (Losses) Realized; Q4

Unrealized; Q4; Q5

Capital Stock; Q3; Q10, Note 13 Capital Notes; Q6; Q10, Note 11

Caps; QE06 Cash; Q2; Q6; QE08

Cash Equivalents; Q2; Q6; QE09

Claims; Q3; Q4; Q8; Q9

Collars; QE07 Commissions; Q6

Common Stock; Q2; Q3; Q6; Q11.1; Q11.2

Cost Containment Expenses; Q4 Contingencies; Q10, Note 14

Counterparty Exposure; Q10, Note 8; QE06; QE07

Debt; Q10, Note 11

Deferred Compensation; Q10, Note 2

Derivative Instruments; Q10, Note 8; QSI04; QSI05; QE06; QE07

Discontinued Operations; Q10, Note 4 Electronic Data Processing Equipment; Q2 Encumbrances; Q2; QSI01; QE01

Emergency Room; Q4 Expenses; Q3; Q4; Q6

Extinguishment of Liabilities; Q10, Note 17

Extraodinary Item; Q10, Note 20

Fee for Service; Q4

Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05

Forwards: QE07

Furniture, Equipment and Supplies; Q2

Guaranty Fund; Q2

Health Care Receivables; Q2; Q9; Q10, Note 27

Hospital/Medical Benefits; Q4 Incentive Pools; Q3; Q4; Q8; Q9

Income; Q4; Q5; Q6

Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

Incurred Claims and Claim Adjustment Expenses; Q10, Note 24

Intercompany Pooling; Q10, Note 25 Investment Income; Q10, Note 7

Accrued; Q2 Earned; Q2; QSI03 Received; Q6

Investments; Q10, Note 5; Q11.1; Q11.2

Joint Venture; Q10, Note 6 Leases; Q10, Note 15

Limited Liability Company (LLC); Q10, Note 6

Limited Partnership; Q10, Note 6 Long-Term Invested Assets; Q2; QE03 Managing General Agents; Q10, Note 19 Medicare Part D Coverage; QSupp1

Member Months; Q4; Q7

Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02 Nonadmitted Assets; Q2; Q5; QSI01; QSI03 Off Balance Sheet Rick: Q10, Note 16

Off-Balance Sheet Risk; Q10, Note 16

Options; QE06

Organizational Chart; Q11; Q14

Out-of-Area; Q4 Outside Referrals; Q4

Parent, Subisidaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1

Participating Policies; Q10, Note 28 Pharmaceutical Rebates; Q10, Note 27 Policyholder Dividends; Q5; Q6 Postemployment Benefits; Q10, Note 12 Postretirement Benefits; Q10, Note 12 Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

Premium Deficiency Reserves; Q10, Note 29

INDEX TO HEALTH QUARTERLY STATEMENT

Premiums and Considerations

Advance; Q3
Collected; Q6
Deferred; Q2
Direct; Q7; Q13
Earned; Q7
Retrospective; Q2
Uncollected; Q2
Unearned; Q4
Written; Q4; Q7
Prescription Drugs; Q4

Quasi Reorganizations; Q10, Note 13 Real Estate; Q2; Q6; QE01; QSI01

Redetermination, Contracts Subject to; Q10, Note 23

Reinsurance; Q9; Q10, Note 22

Ceded; Q3; Q12 Funds Held; Q2 Payable; Q3 Premiums; Q3 Receivable; Q2; Q4 Unauthorized; Q3; Q5

Reserves

Accident and Health; Q3; Q4 Claim; Q3; Q5; Q8

Life; Q3

Retirement Plans; Q10, Note 12

Retrospectively Rated Policies; Q10, Note 23

Risk Revenue; Q4

Salvage and Subrogation; Q10, Note 30 Servicing of Financial Assets; Q10, Note 17 Short-Term Investments; Q2; Q6; Q11.1; QSI03

Stockholder Dividends; Q5; Q6 Subsequent Events; Q10, Note 21

Surplus; Q3; Q5; Q6 Surplus Notes; Q3; Q5; Q6

Swaps; QE07

Synthetic Assets; QSI04; QSI05 Third Party Administrator; Q10, Note 19

Treasury Stock; Q3; Q5

Uninsured Accident and Health; Q2; Q3; Q10, Note 18

Valuation Allowance; QSI01 Wash Sales; Q10, Note 17 Withholds; Q4; Q8